FOR INSTRUCTIONS, SEE BACK OF FORM

File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

DISCLOSURE SUMMARY PAGE

A ETHICS AND
Effective January 1, 2010, all statements and reports filed by new committees IDM DISCLOSURE BE Effective January 1, 2010, all statements and reports filed by new communes and reports filed by new communes and reports filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed JAN 19 AM 11: 11

Parties must be filed electronically.

| | Reset | orm | (FD) |
|---|---|------------------------------------|--|
| COMMITTEE NAME (Must be same as on Statement of Or | ganization) | | - |
| FRIENDS OF BRYAN TINGLE | . , | | FORM |
| IMPORTANT: Indicate by # type of committee you are reporting for (1) Statewide/Legislative/Judge Standing for Retention Candidate (4) County Central Committee (5) County Candidate (6) City Car Subdivision Candidate (8) County PAC (9) City PAC (10) School 11) Local Ballot Issue | (2) State PAC (3) State Party | ical AC (E | DR-2 Rev. 12/2009) DISCLOSURE REPORT OF Office Use Only |
| CANDIDATE COMMITTEES ONLY: | | | omm. # |
| Candidate Name | Political Party (if applicable | | ogged in |
| Bryan J. Tingle | Democrat | ' ' | canned |
| Office Sought County Attorney | District (if Senate or House | | udited |
| Late reports are subject to possible civil and criminal penalties. Proposition of the chairperson, for any other type of | ursuant to lowa Code sections 68B.3 committee, is the individual responsi | 2A(7) and 68, ble for filing t | A.401(3), the candidate, for a imely and accurate reports. |
| 1711911 | (515) 909-283/ | | 1 10 10 |
| SIGNATURE OF PERSON FILING REPORT | (315) 989-283G TELEPHONE | · _ | /-/8-/0 DATE SIGNED |
| AM FILING A 1/19/2010 | REPORT FOR (1) ELECTION | N /(2)NON- | ELECTION YEAR |
| (report date) | Indicate b | <u> </u> | |
| CHECK IF AMENDMENT TO REPORT DATED | | · | |
| | | 1 | mittees, enter Date of Election |
| Check if this is final (termination) report and attach Notice (You must continue to file reports until a DR-3 is file | of Dissolution Form DR-3. d.) | County & L which Elec Warren | ocal Committees, enter County in tion is held |
| STATEMENT OF CASH ON HAN | ID . | | |
| CASH ON HAND at the beginning of the reporting period. (T committee. This amount MUST be the same as the of the last reporting period or must be zero if this is | cash on hand at the end | \$ | 1,417.26 |
| ADD TOTAL MONEY TAKEN IN THIS PERIOD | | | |
| Schedule A: Cash Contributions total (Attach Sche | dule A) (*also see in-kind below) | | 300.00 |
| Schedule F: Loans Received total (Attach Schedule | • | | 0.00 |
| Schedule H: Total Sales of Campaign Property (Atl | • | | 0.00 |
| (Schedule H applies to Candidates' Com | | | |
| | SUB-TOTAL. | s | 1,717.26 |
| SUBTRACT TOTAL MONEY SPENT THIS PERIO | D | • | |
| Schedule B: Expenditures total (Attach Schedule B | | v) | 0.00 |
| Schedule F: Loan Repayments total (Attach Sched | | - | 0.00 |
| CASH ON HAND at the end of this reporting period (if final re | | | 1,717.26 |
| | | | |
| *UNPAID BILLS (From Schedule D - Attach Schedule D) | | • | 4,564.95 |
| IN KIND CONTRIBUTIONS (From Schedule E - Attach Sche | | | 0.00 |
| *OUTSTANDING LOANS (From Schedule F - Attach Sched | ule F) | \$ | 11,500.00 |
| CONSULTANT BREAKDOWN (Schedule G Attached?) | | ***** | _YES <u></u> ✓ NO |
| ANDIDATE COMMITTEES ONLY: | | | 0.00 |
| ALUE OF CAMPAIGN PROPERTY (From Schedule H - Att | ach Schedule H) | \$ | 0.00 |
| TATE COMMITTEES: Submit a reconciled campaign accor | unt bank statement in January of ea | sch vear. | |

CONTRIBUTIONS -- MONEY TAKEN IN (Including candidate's personal funds) COMMITTEE NAME (Must be same as on Statement of Organization) Friends of Bryan Tingle Reset Form Reset Form CHECK THIS BOX IF AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

| DATE RECEIVED (MM/DD/YR) | PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE* (if applicable) | AMOUNT RECEIVED | √ IF FO FUND- RAISEF INCOM |
|--------------------------------|---|---|--|--------------------|-------------------------------------|
| 07/31/09 | ID# CK# | Jim Johnson 9912 G24 Hwy Indianola, IA 50047 | | \$200.00 | INCOM |
| 10/19/09 | ID# CK# | Leslie and Paralee Lane 1105 Pleasant Carlisle, IA 50047 | | \$ 100.00 | |
| | ID# CK# | | | | |
| | ID# | | | | |
| | CK# | | | | |
| | CK# | | | | |
| | ID# CK# | | | | |
| V 200 (10) (10) (10) (10) | ID# | | | | |
| | ID# | | | | |
| | CK# | | | | |
| | CK# | | | | |
| | ID# CK# | | | | |
| | | | SUB-TOTAL | \$ 300.00 | |
| Distance | | TOTAL (if last pages to disclose the relationship of any relative making a contribute | ge of this schedule) | \$ 300.00 | |

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1 (for Schedule A)

| COMMETTIEE NAME (Must be some se on Statement of Organization) |
|--|
| FRIENDS OF BRYAN TINGLE |

MOTE: Debts previously exported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

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| | | | |

| D (Rev. 00/05) | INCURRED INDESTEDNESS |
|-------------------|-----------------------------|
| | CK THIS BOX MENDING M |

DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD (DO NOT INCLUDE LOANS - SHOW LOANS ON SCHEDULE F) An "incurred clabt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an involce

| DATE | | has b | dess of whether an involc sen received. |
|-----------------------|--|--|---|
| NCURRED (MM/DD/YR) | NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED | DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED | BALANCE CAED AT CLOSE CF REPORTING PERIOD* |
| 8/19/06 | Bryan Tingle 4437 170th Ave. Carliale, IA 50047 | - Magnets and Bags | 870.8 3 |
| 9/14/06 | Bryan Tingle 4437 170th Ave. Carlisle, IA 50047 | Yard Signa | 1,394,12 |
| 9/30/06 | Bryan Tingle 4437 170th Ave. Carliale, IA 50047 | Advertising | 1,068.00 |
| 10/29/06 | Bryan Tingle 4437 170th Ave. Curliste, IA 50047 | Advertising | 1,232.00 |
| | | | |
| | | | |
| | | | |
| | | SUB-TOTAL | 4,564.95 |
| | TOTAL DEBTS CWED BY COMMITTEE AT 10 | HE END OF THIS REPORTING PERIOD | \$ 4,564.95 |

"If actual figure is unknown, show "eathersted" beside the figure.

CAMBIDATE COMMITTEES NOTE:

"Incurred indebtedness also includes each personlently with whom the candidate's committee has entered into a contract during the reporting period for fature or continuing performence. Enter the some of the committent who provides or procures services for items such as advertising, fund-mixing, pulling, managing, or organizing services. Report on Schedule G the nature of performence and the estimated performance responsibly expected of the consultant.

| ENDS OF BRYAN | t be some as on Statement of Organization) N TINGLE | | (Rev. 02/06) REC & RI CHECK THIS |
|--------------------------------------|--|--|--|
| | orts money loaned to the committee which is deposited in 6 FROM LAST REPORTING PERSON 3 | ne committee account. | AMENDING FO |
| TI - MOMETARY LC (Original source | NAME RECEIVED THIS REPORTING PERIOD of John, such as a bank, must be shown if a third party is in | wolved. Include loans from our | rdiduto's personal funds.) |
| DATE RECEIVED (MANDD/YR) | NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) | RELATIONSHIP TO CANDIDATE (If Applical | |
| | , | | 8 |
| | | | |
| | | | |
| | | | |
| | | | |
| • | | | |
| | | | ì |
| | | TOTAL (PART I) | s 0.00 |
| (Loans forgive | LOAN REPAYMENTS NADE <u>THE</u> REPORTING PERIOD n must be reported on Schedule E — In-land Contributions.) | • | ş 0.00 |
| (LOBINE ROYGIVE) DATE PAID | LOAN REPAYMENTS MADE THE REPORTING PERIOD n must be reported on Schedule E — In-land Contributions.) NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable) | • | AACUNT REPAIR |
| (LOBINE ROTEIVA | n must be reported on Schedule E — In-land Contributions.) NAME AND ADDRESS OF LENDER | RELATIONSHIP TO | AMOUNT REPAIR |
| CLOSES FORGIVE | n must be reported on Schedule E — In-land Contributions.) NAME AND ADDRESS OF LENDER | RELATIONSHIP TO | AACUNT REPAIR |
| CLOSES FORGIVE | n must be reported on Schedule E — In-land Contributions.) NAME AND ADDRESS OF LENDER | RELATIONSHIP TO | AACUNT REPAIR |
| CLOSES FORGIVE | n must be reported on Schedule E — In-land Contributions.) NAME AND ADDRESS OF LENDER | RELATIONSHIP TO | AACUNT REPAIR |
| (LOBINE ROTEIVA | n must be reported on Schedule E — In-land Contributions.) NAME AND ADDRESS OF LENDER | RELATIONSHIP TO | AACUNT REPAIR |
| CLOSES FORGIVE | n must be reported on Schedule E — In-land Contributions.) NAME AND ADDRESS OF LENDER | RELATIONSHIP TO | AACUNT REPAIR |
| CLOSES FORGIVE | NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable) | RELATIONSHIP TO CANDIDATE (# Applica | AMCUNT REPAIR |
| (LOBINE ROYGIVE) DATE PAID | NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable) | RELATIONSHIP TO CAMDIDATE" (If Application of the camping of the c | AACUNT REPAIR |
| DATE PAID MANDDYR) | NAME AND ADDRESS OF LEMBER (Include Endorser's Name, if Applicable) TOTAL GASH From Schedule E - TOTAL TOTAL OUTSTANDING LOANS E | RELATIONSHIP TO CANDIDATE* (If Application of the control of the c | AMOUNT REPAIR |
| DATE PAID (MAADD/YR) | NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable) TOTAL GASH From Schedule E TOTA | RELATIONSHIP TO CANDIDATE' (If Application of the control of the c | * 0.00 \$ 0.00 \$ 11,500.00 |